

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/720710

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8		3				
9		3				
10		6				
11		3				
12		1				
13		1				
14		1				
15		1				
16		3				
17		7				
18		7				
19		1				
20		1				
21		1				
22		1				
23		4				
24		4				
25		1				
26		1				
27		1				
28		1				
29		2				
30	1					
31		5				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46	1					
47	1					
48	1					
49		3				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		3				
53		1				
54		1				
55		3				
56		3				
57		3				
58		3				
59		3				
60		3				
61		3				
62	1					
63	1					
64	1					
65		1				
66		1				
67		1				
68		1				
69	1					
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		4				
82		4				
83		4				
84		4				
85		4				
86		4				
87		4				
88		4				
89		4				
90		4				
91		4				
92		4				
93		4				
94		4				
95		4				
96		4				
97		4				
98		4				
99		4				
100		4				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		4				
102		2				
103		4				
104		4				
105		4				
106		4				
107	1					
108		1				
109	1					
110	1					
111	1					
112		1				
113		2				
114		2				
115		2				
116		2				
117		2				
118		1				
119		2				
120		2				
121		2				
122		2				
123		2				
124		2				
125		2				
126		2				
127		2				
128		2				
129		2				
130		2				
131		2				
132		2				
133	1					
134	1					
135		2				
136		2				
137		2				
138		2				
139		2				
140		2				
141		2				
142		2				
143		2				
144		2				
145		2				
146		2				
147		2				
148		2				
149						
150						
TOTAL IND.	21					
TOTAL DEP.	301					
TOTAL CLAIMS	322					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS